



Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01131926

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK, TX 786802050

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$3,245.41
Discount Amt Taken: \$0.00
Payment Amount: **\$3,245.41**

FOLD HERE


Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT																					
1	0000095489	0		072016	072016 (Contract 529-16-0132-00006 Te)	\$3,245.41																					
<u>ShipTo ID</u> <u>Non-HHSAS Cntrct ID</u>																											
1326																											
<table><tr><td><u>Contract #</u></td><td><u>Wkfc</u></td><td><u>Org PmtDt</u></td><td><u>IC</u></td><td><u>RC</u></td><td><u>Invoice DT:</u> 09/27/16</td><td><u>Req'd Pay DT:</u> 09/27/16</td></tr><tr><td>529-16-0132-00006</td><td>N</td><td></td><td></td><td></td><td><u>Inv Recv'd DT:</u> 09/23/16</td><td><u>Pay Due DT:</u> 10/23/16</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td><u>Service DT:</u> 07/31/16</td><td><u>P O DT:</u> 07/31/16</td></tr></table>							<u>Contract #</u>	<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>	<u>RC</u>	<u>Invoice DT:</u> 09/27/16	<u>Req'd Pay DT:</u> 09/27/16	529-16-0132-00006	N				<u>Inv Recv'd DT:</u> 09/23/16	<u>Pay Due DT:</u> 10/23/16						<u>Service DT:</u> 07/31/16	<u>P O DT:</u> 07/31/16
<u>Contract #</u>	<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>	<u>RC</u>	<u>Invoice DT:</u> 09/27/16	<u>Req'd Pay DT:</u> 09/27/16																					
529-16-0132-00006	N				<u>Inv Recv'd DT:</u> 09/23/16	<u>Pay Due DT:</u> 10/23/16																					
					<u>Service DT:</u> 07/31/16	<u>P O DT:</u> 07/31/16																					
	<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>																		
1.1	762300		0001	MHTWG	1011P	03150	2016	GR	\$3,245.41																		
Open Item Key:							Conf:N	Certified Amt: 0.00																			

Descriptive Legal Text (DLT Comments):

DOS: JUL 2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

SEP 28 2016

		09/27/2016	
Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Wagner, Cathy J (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name	Contact Phone(Area+Number)		

Health & Human Services
Commission
PURCHASE VOUCHER

STATE OF TEXAS

(Shaded areas not used by Agency 529)

RECEIVED

SEP 27 2016

Page 1 of 1

1. Archive reference number		2. Agency number 529		3. Agency name Health & Human Services Commission				4. Current document number 1131926	
5. Effective date		6. Org pmt date		7. CONF		8. Doc agency 529			
9. Texas Identification number 17427579192000				10. PDT		11. POCO		12. Purchase Order number 52900-6-0000095489	
13. Document amount \$3,245.41				14. Payee name / address The Heidi Group, PO Box 2050, Round Rock, TX 78680-2050		15. GSC order number		17. AGENCY USE	
18 SFX 001		Ref Doc		IC		RC		FY	
		COBJ		AOBJ		Amount			
		7623							
APPN		Fund		Pmt due date		Invoice date 09/27/16		Invoice number / Account Number 07 2016	
DeptID/Speedchart MHTWG						Requested Payment Date 3 days		Interest Control	
		Reason Code							
Cap Ind		Tag #		AGENCY USE					
18 SFX 001		Ref Doc		IC		RC		FY	
		COBJ		AOBJ		Amount			
		7623							
APPN		Fund		Pmt due date		Invoice date		Invoice number / Account Number	
DeptID/Speedchart						Requested Payment Date		Interest Control	
		Reason Code							
Cap Ind		Tag #		AGENCY USE					
18 SFX 001		Ref Doc		IC		RC		FY	
		COBJ		AOBJ		Amount			
		7623							
APPN		Fund		Pmt due date		Invoice date		Invoice number / Account Number	
DeptID/Speedchart						Requested Payment Date		Interest Control	
		Reason Code							
Cap Ind		Tag #		AGENCY USE					
19. SERVICE / DEL DATE		20. DESCRIPTION OF GOODS OR SERVICES				21. QUANTITY		22. UNIT PRICE	
July, 2016		Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity: non profit corporation						3,245.41	
24. VENDOR CERTIFICATION				Phone (Area code and number)		25. Entered by			
Vendor Contact Name Carol Everett				Phone (Area code and number) 512-255-2088					
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.									
Agency contact/preparer Kim Relph				Printed Name Kim Relph		Phone (Area code and number) 512-776-6443		Date 27-Sep-16	
Agency Approver SIGN HERE				Printed Name		Phone (Area code and number)		Date	

Form 4116 02/2015

ew 9/27/16

**Texas Health and Human Services Commission
Form B-13H**

Agency Name: The Heidi Group

Supporting Schedule for Healthy Texas Women Reimbursement Vouchers			
	Column A	Column B	Column C
1	Total Allowable HTW Cumulative Expenses Incurred: "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	July, 2016	4,241.60
2	Program Income (Cumulative):		
3	HTW Fee-For-Service Reimbursements from TMHP	996.19	
4*	Sub Total - Program Income →→→→		996.19
5*	Gross Cumulative HTW Reimbursable Expenses		3,245.41
6	Total Award Amount of the HTW Categorical Contract	1,649,531.00	
7*	Non HHSC Funding Expended – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.		0.00
8*	Net Cumulative HTW Reimbursable Expenses		3,245.41
9	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		0.00
10*	Gross Reimbursement Requested this Voucher		3,245.41
11	Less: Refunds or Other Adjustments (if any)		0.00
12*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		\$3,245.41
13*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	9/23/2016
Carol Everett	512-255-2088

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000095489
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			08/30/2016	Page 1
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Marshall, Carol Beth (PCS 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	--------------	----------	--------------	----------

Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006
Purchase Order Term: 7/15/2016 - 8/31/2017
FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73
FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1,
Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

Agency Contact: Camille Laosebikan
Phone: 512-776-3561
Email: Camille.laosebikan@hhsc.state.tx.us

HHS-PCS Purchasing Contact: Carol Marshall, CTPM
Phone: 512-406-2476
Email: carol.marshall2@hhsc.state.tx.us

PCC EX/0

1- 1	Contract 529-16-0132-00006 Term 7/15/16 thru 8/31/17 Budget Year 2016	1.00 LOT	549,800.00000	549,800.00	09/22/2016
------	---	----------	---------------	------------	------------

Schedule Total 549,800.00

Contract ID: 529-16-0132-00006

Contract Line: 0 Release: 1

Item Total for Line 1 549,800.00

Total PO Amount 549,800.00

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000095489
Net 30	FOB Dest. Prepaid & All	BEST WAY	Date	Revision
If advertised by informal bid, invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			08/30/2016	Page 2
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	--------------	----------	--------------	----------

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized

Negron,Elizabeth (HHSC)

From: Relph, Kim H (HHSC)
Sent: Tuesday, September 27, 2016 1:42 PM
To: HHSC AP
Subject: Voucher Approval - HTW - Heidi Group 072016, 082016
Attachments: July 2016 B-13H HHSC.XLS; July 2016 HHSC Purchase Voucher FY17 - HTW 4116.xls;
August 2016 B-13H HHSC.xls; August 2016 HHSC Purchase Voucher FY17 - HTW 4116.xls

These vouchers are approved for payment. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Women's Health & Education Services
Contract Support, Mail Code 1326
phone: 512-776-6443

From: HHSC Women's Health Services (WHS) Finance
Sent: Tuesday, September 27, 2016 12:55 PM
To: Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: FW: The Heidi Group August 2016 Purchase Voucher 4116 & Form B-13H

From: HTW Billing [<mailto:htwbilling@heidigroup.org>]
Sent: Tuesday, September 27, 2016 12:29 PM
To: HHSC Women's Health Services (WHS) Finance <WHSFinance@hhsc.state.tx.us>
Subject: RE: The Heidi Group August 2016 Purchase Voucher 4116 & Form B-13H

Thank you! I've attached July and August to make sure you have all that you need.

From: HHSC Women's Health Services (WHS) Finance [<mailto:WHSFinance@hhsc.state.tx.us>]
Sent: Tuesday, September 27, 2016 12:18 PM
To: HTW Billing <htwbilling@heidigroup.org>
Subject: RE: The Heidi Group August 2016 Purchase Voucher 4116 & Form B-13H

There was nothing attached. Please resend with attachments.

From: HTW Billing [<mailto:htwbilling@heidigroup.org>]
Sent: Friday, September 23, 2016 1:59 PM
To: HHSC Women's Health Services (WHS) Finance <WHSFinance@hhsc.state.tx.us>
Subject: The Heidi Group August 2016 Purchase Voucher 4116 & Form B-13H

Good afternoon,

Please find our July 2016 Purchase Voucher 4116 & Form B-13H.

Have a wonderful weekend!

Regards,
Janyne Hornung
Toni Moman

The Heidi Group
(512) 255-2088 | janyne@heidigroup.org
www.heidigroup.org

